

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>8/3/05</u>		2 Serial/Patent # <u>10/52 277</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$100.
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>04--0213</u>	
<i>Fee Code Correction</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>B.A.C.</u>		TITLE: _____	
SIGNATURE: <u>BAC</u>		PHONE: _____	
OFFICE: <u>PCT/DO/EO</u>		<small>Repln. Ref: 08/04/2005 BCAMPBEL 0018064800 DO#-040213 Date/Number: 10527277</small>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**